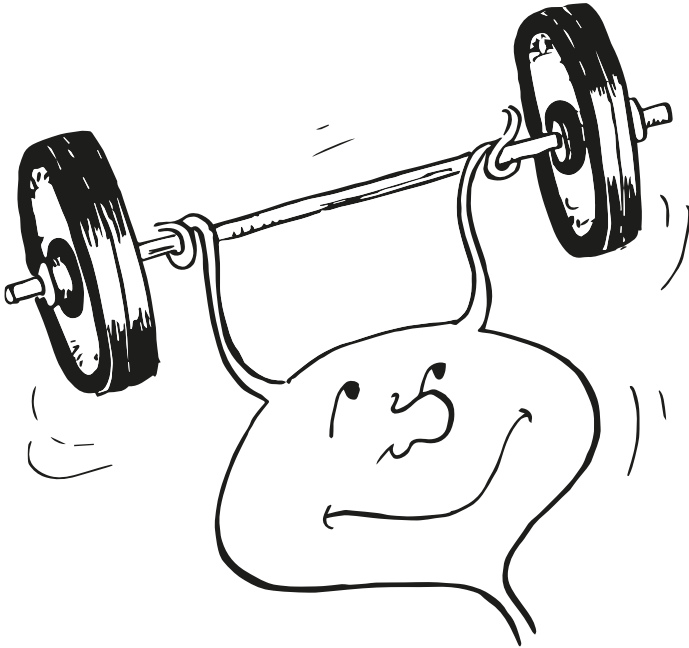


Promoting Healthy Bladders

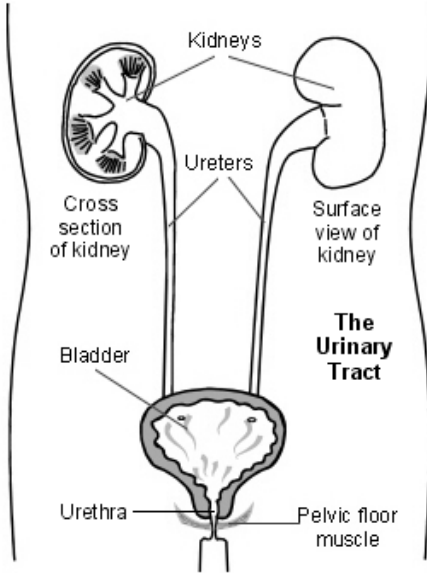


manx care

Kiarail Vannin

Understanding urine and the bladder

The kidneys make urine continuously. A trickle of urine is constantly passing to the bladder down the ureters (the tubes from the kidneys to the bladder). You make different amounts of urine depending on how much you drink, eat and sweat.



The bladder is made of muscle and stores the urine. It expands like a balloon as it fills with urine. The outlet for urine (the urethra) is normally kept closed. This is helped by the muscles below the bladder that surround and support the urethra (the pelvic floor muscles).

When a certain volume of urine is in the bladder, you become aware that the bladder is getting full. When you go to the toilet to pass urine, the bladder muscle squeezes (contracts) and the urethra and pelvic floor muscles relax to allow the urine to flow out.

Complex nerve messages are sent between the brain, the bladder and the pelvic floor muscles. These tell you how full your bladder is and tell the correct muscles to contract or relax at the right time.

Facts and figures

A normal bladder:

- empties four to seven times each day (every three to four hours)
- can hold up to a pint of urine (between 400ml and 600ml), but usually feels quite full at about half this amount
- may wake you up once or twice a night to pass water
- tells you when it's full but gives you enough time to find a toilet
- empties completely each time you pass urine
- does not leak urine.

A normal bowel:

- Opens between 3 times a day and 3 times a week
- Produces a soft formed stool

How common is incontinence?

Problems with the bladder affect more than 14 million people in the UK and about 6.5 million have bowel problems (NHS England Excellence in Continence Care Nov 2015) It is estimated as many as 1 in 5 women over the age of 40 have some degree of urinary incontinence. This number may be even higher as many people don't tell anyone about their problem. One reason why some people do not tell their doctor about incontinence is due to embarrassment. Some people also wrongly think that incontinence is a normal part of ageing or that nothing can be done about it. This is wrong as it can be treated in many cases.

There are different types of urinary incontinence

- **Stress incontinence** is the most common type. It occurs when the pressure in the bladder becomes too great for the bladder outlet to withstand. It usually occurs because the pelvic floor muscles which support the bladder outlet are weakened. Urine tends to leak most when you cough, laugh, or when you exercise (such as when you jump or run). In these situations there is a sudden extra pressure ('stress') inside the abdomen and on the bladder. Small amounts of urine may leak, but sometimes it may be quite a lot and cause embarrassment. One common reason for the pelvic floor muscles to become weakened is childbirth but it is also common with increasing age and with obesity.
- **Urge incontinence** (unstable or overactive bladder) is the second commonest cause. This is when you get an urgent desire to pass urine. Sometimes urine leaks before you have time to get to the toilet. The bladder muscle contracts too early and the normal control is reduced. The cause is not known but it seems that the bladder muscle gives wrong messages to the brain, and the bladder may feel fuller than it actually is.
- **Mixed incontinence.** Some people have a combination of stress and urge incontinence. More than 9 in 10 cases of urinary incontinence are due to the above causes.

Other causes are less common. They include:

- **Neuropathic incontinence.** This is when the nerves that control the bladder and surrounding structures are affected in some way. For example, some people with multiple sclerosis, spinal cord damage, brain disorders, etc, develop this type of incontinence
- **Overflow incontinence.** This is when there is an obstruction to the outflow of urine. The obstruction prevents the normal emptying of the bladder. A pool of urine constantly remains in the bladder that cannot empty properly. However, pressure builds up behind the obstruction. The normal bladder emptying mechanism becomes faulty and urine may leak past the blockage from time to time. An enlarged prostate gland in men is the common cause of this. Treatment depends on the cause. For example, removal of the prostate (prostatectomy) if an enlarged prostate is the cause.

What can I do to improve my bladder control?

1. Correct drinking habits

Many people who suffer incontinence reduce their fluids to try to reduce the risk of leaking.

This causes the body to produce small volumes of concentrated urine which irritates the bladder causing it to want to empty more often. As well as reducing overall bladder capacity making your bladder trigger a full feeling more often, it is a great environment for many organisms to grow results in increased risk of urinary infections.

The first thing to improve urinary symptoms to aim to drink 1.5-2 litres (3-4 pints) daily. The only exceptions to this would be people on restrictions for health reasons which your doctor will have explained to you. This includes people with renal problems or significant heart failure.

Avoid drinks which irritate your bladder:

Coffee/Tea

Green tea

Carbonated (fizzy) drinks particularly caffeine ie coke and energy drinks

Alcohol

Hot chocolate

Citrus juices particularly blackcurrant and orange

Tomato juice

Drinks that do not irritate the bladder include:

Water

Milk

Herbal teas

Decaffeinated tea/ coffee

Apple juice

2. Pelvic floor strengthening

Pelvic floor exercises are important for all ages and both sexes. It is never too late to start. There are specific instructions for both sexes later in this booklet

3. Improve bowel habits (Bowels bully bladders)

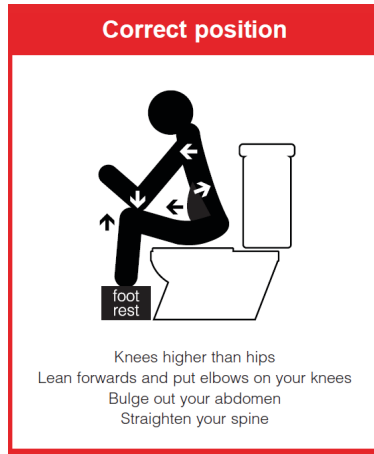
A constipated bowel takes up room in the abdomen reducing the expansion room the bladder has available. It can also cause the urethra to be blocked causing a possible overflow incontinence.

Tips to avoid constipation

- Drink at least 1.5-2 litres fluid a day- try to make water a large percentage of this
- Eat plenty of fibre (eg fresh fruit and vegetables, cereals, wholemeal breads and pasta but remember to keep the fluid intake up)
- Add nuts, pulses and seeds to your diet. Eg Lentils, beans sweetcorn and linseed
- Eat regular meals particularly breakfast and don't miss meals
- Don't delay going to open your bowels after you have felt the urge to go - you are less likely to strain if your body is ready. The longer a stool sits in the rectum the harder it will become.
- Give your self time - do not rush
- Keep active - regular exercise encourages regular bowel habits
- If constipation persists speak to your pharmacist or doctor about medication to relieve the symptoms.

Straining to open your bowels may weaken your pelvic floor, the following position and techniques should help stop straining.

- Lean forward when you are sitting on the toilet with your hands resting on your thighs
- Make sure that your knees are bent and are higher than your hips (it may help to use a footstool if your toilet is high or you are not very tall)
- Make sure your feet are resting on the ground - (or on a footstool)
- Try to breathe to the bottom of your lungs with your mouth open to prevent straining and contracting your pelvic floor (diaphragmatic breathing)
- Bulge your tummy muscles forward as you take a deep breath in and then 'brace' your tummy to prevent it from bulging further forwards. Do not tighten your tummy.
- Relax your anal sphincter to open your bottom and let the stool out
- Use your deep breath to increase the pressure in your abdomen and push down towards your anus.



Only try this a maximum of 3 times. If it does not work, get up from the toilet and walk around. It may help to try having a warm/hot drink.

4. Stop smoking

Not only does nicotine irritate the bladder but repeated coughing and chest infections cause increased pressure on the pelvic floor. Support is available from Quit4you, contact 01624 642404 or email tobacco@gov.im

5. Weight control

Your weight is being carried by your pelvic floor every time you stand up. If you are overweight losing weight will reduce the pressure on your pelvic floor. Further information available at www.bda.uk.com/foodfacts/want2loseweight or speak with your GP or Practice Nurse.

6. Bladder diaries

Recording your actual pattern of drinking and passing urine is a really good way to identify patterns in your day which may indicate triggers to why things happen when they do. Reducing fluid intake @ 3 hours prior to bed can help reduce night time frequency.

A bladder diary is included in this booklet.

7. Professional help

If you have tried the advice included in this booklet and are still experiencing bladder problems there are several professionals who can help you improve your situation.

General Practitioner:

Please take a sample of your urine with you so this can be tested to rule out underlying infections. Your GP may also do a physical examination to rule out prolapse or prostate enlargement being an underlying cause of your problem

Continence advisor:

Offers more individual advice and support particularly in complex cases.

Referral is by any health professional/ care worker or social worker or self referral either by completing the form at the back of this booklet or telephoning 01624 693551.

Clinics are held in Nobles Hospital, Central Community Health Centre, Westmoreland Road, Ramsey Cottage Hospital and Thie Rosien (old Southlands).

Home visits can also be arranged for any patient not able to make clinic.

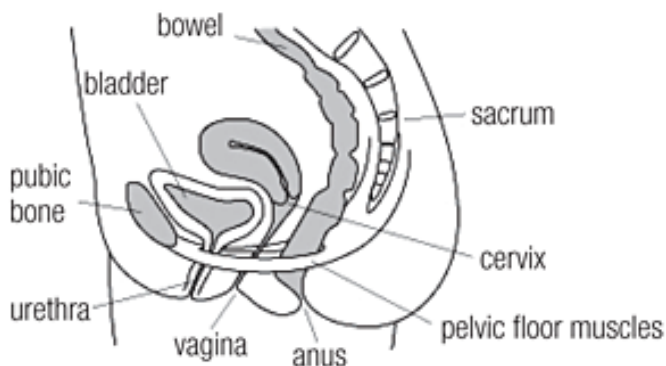
Specialist physiotherapist for Women's health:

Specialises in support for stress incontinence. Referral is via GP.

Pelvic floor and prolapse information for women

Introduction

Physiotherapists, doctors and nurses know that exercising the pelvic floor muscles can help you to improve your bladder control. When done correctly, these exercises can build up and strengthen these muscles and so help you to control your bladder and bowel.



What is the pelvic floor?

The pelvic floor consists of muscle and ligaments that stretch from the pubic bone to the end of the backbone (coccyx) and from side to side (see diagram). Firm supportive pelvic floor muscles help support the bladder, womb and bowel, and to close the bladder outlet and back passage.

How does the pelvic floor work?

The muscles of the pelvic floor are kept firm and slightly tense to stop leakage of urine from the bladder and wind or faeces from the bowel. When you pass water or have a bowel motion the pelvic floor muscles relax. Afterwards they tighten again to restore control. The muscles actively squeeze when you laugh, cough, lift or sneeze to help prevent any leakage. They also have an important sexual function, helping to increase the sexual awareness for both yourself and your partner during intercourse.

How can exercising the pelvic floor muscles help?

Exercising the pelvic floor muscles can strengthen them so they give the correct support. This will improve your bladder control and improve to stop leakage of urine. Like any other muscles in the body, the more you use and exercise them, the stronger the pelvic floor muscles will be.

Finding your pelvic floor muscles

It is not always easy to find your pelvic floor muscles. Exercising them should not show at all 'on the outside'. You should not pull in your tummy excessively, squeeze your legs together, tighten your buttocks or hold your breath! Here is what to do:

1. Sit comfortably with your knees slightly apart. Now imagine that you are trying to stop yourself passing wind from the bowel. To do this you must squeeze the muscles around the back passage. Try squeezing and lifting that muscle as if you really do have wind. You should be able to feel the muscle move. Your buttocks and legs should not move at all. You should be aware of the skin around the back passage tightening and being pulled up and away from your chair. Really try to feel this squeezing and lifting.
2. Now imagine you are sitting on the toilet passing urine. Picture yourself trying to stop the stream of urine. You should be using the same group of muscles that you used before, but don't be surprised if you find this harder. (Do not try to stop the stream when you are actually passing water as this may – if repeated – cause problems with the correct emptying.)
3. Now try to tighten the muscles around your back passage, vagina and front passage and lift up inside as if trying to stop passing wind and urine at the same time. It is very easy to bring other incorrect muscles into play, so try to isolate your pelvic floor as much as possible by not squeezing your legs together, not tightening your buttocks and not holding your breath. The lower tummy can very gently be drawn in as if pulling away from the zip of tight trousers. In this way most of the effort should be coming from the pelvic floor muscles.

Practising your exercises

Now you can find your pelvic floor muscles here are the exercises to do:

1. Your pelvic floor muscles need to have stamina. So sit, stand or lie with your knees slightly apart. Slowly tighten and pull up the pelvic floor muscles as hard as you can. Try lifting and squeezing them as long as you can. Rest for 4 seconds and then repeat the contraction. Build up your strength until you can do 10 slow contractions at a time, holding them for 10 seconds each with rests of 4 seconds in between.
2. Your pelvic floor muscles also need to react quickly to sudden stresses from coughing, laughing, or exercise that puts pressure on the bladder. So practise some quick contractions, drawing in the pelvic floor and holding it for just one second before relaxing. Try to achieve a strong muscle tightening with up to ten quick contractions in succession.

Aim to do a set of slow contractions (exercise 1) followed by a set of quick contractions (exercise 2) 3-4 times a day.

It takes time for exercise to make muscles stronger. You are unlikely to notice any improvement for several weeks – so stick at it! You will need to exercise regularly for at least 3 months before the muscles regain their full strength.

Tips to help you

1. Get into the habit of doing your exercises during normal day to day activities. For example, whilst cleaning your teeth or waiting for a kettle to boil.
2. If you are unsure that you are exercising the right muscles, put your thumb into the vagina and try the exercises to check. You should feel a gentle squeeze as the pelvic floor muscle contracts.
3. Tighten your pelvic floor muscles when you feel you might be about to leak – pull up the muscles before you cough, laugh, sneeze or lift anything heavy. Your control will gradually improve.
4. Drink normally – about 6-8 large glasses of fluid a day, avoiding caffeine if you can. Water is best! And don't get into the habit of going to the toilet 'just in case'. Go only when you feel your bladder is full.
5. Watch your weight – extra weight puts extra strain on your pelvic floor muscles.
6. Once you have regained control of your bladder, don't forget your pelvic floor muscles. Continue to do your pelvic floor exercises a few times each day to ensure that the problem does not come back.

Remember: you can exercise your pelvic floor muscles wherever you are – nobody will know what you are doing!

Do you have any questions?

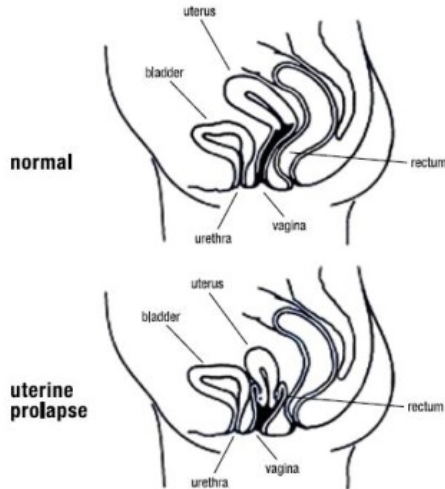
This information is designed to teach you how to control your bladder, so that you'll be dry and comfortable, if you have problems doing the exercises, or if you don't understand any part of it, ask your doctor, nurse, continence advisor or specialist continence physiotherapist for help.

Do your pelvic floor muscle exercises every single day. Have faith in them. You should begin to see results in a few weeks if you are exercising correctly – but don't stop then: make the exercises a permanent part of your daily life.

Pelvic organ prolapse

If you have been diagnosed with a prolapse please read the following information.

A prolapse occurs when one or a combination of the pelvic organs – uterus, bladder or bowel – lose their normal support and move out of position.



Causes of prolapse include:

- Pregnancy or childbirth
- Ageing and menopause
- Weak pelvic floor muscles
- Constipation
- Heavy lifting
- Obesity
- Large fibroids

Symptoms include:

- Sensation of a 'lump' or 'something coming down'
- Pressure, heaviness or pain in the vagina
- Backache
- Difficulty emptying the bladder/bowel
- Repeated urinary infections
- Discomfort during sexual intercourse

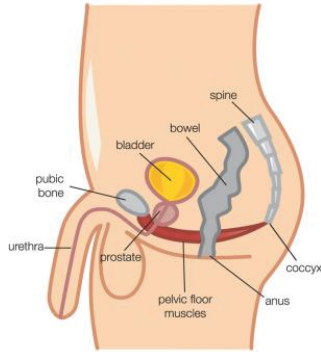
Managing a prolapse:

- Practice pelvic floor muscle exercises regularly
- Brace (squeeze) your pelvic floor prior to coughing, sneezing, straining, running, jumping or lifting
- Avoid heavy pushing/pulling/lifting/heavy housework
- Avoid high impact exercise (i.e. jogging, aerobics etc) or exercise that increases the pressure in the abdomen (sit-ups or rowing)
- Try to avoid long periods of standing without a break
- Avoid straining to empty your bowels, eat a balanced diet and drink enough fluids to prevent constipation
- Avoid smoking and chest infections – if you get a chest infection, seek prompt treatment to minimise coughing
- Lose weight if you need to because this will reduce the pressure on your pelvic floor muscles
- Sexual intercourse will not make your prolapse worse but may be uncomfortable – try using a vaginal lubricant or varying positions

Pelvic floor exercises for men

Introduction

Many men experience a variety of problems with their urinary system, which can lead to unwanted leakage of urine. Some also have difficulty controlling wind or leakage from the bowels. This can be due to a weakness of the muscles of the pelvic floor, which have an important function in preventing these troublesome conditions.



What is the Pelvic Floor?

The floor of the pelvis is made up of layers of muscle and other tissues. These layers stretch from the tail bone at the back to the pubic bone in front. A man's pelvic floor supports the bladder and the bowel. The urethra (bladder outlet) and the rectum (back passage) pass through the pelvic floor. The pelvic floor muscles play an important role in bladder and bowel control. The pelvic floor is also thought to play a role in maintaining an erection.

Why the Pelvic Floor Muscles get weak

The pelvic floor muscles can be weakened by:

- Surgery for an enlarged prostate gland
- Continual straining to empty the bowels, usually due to constipation
- Persistent heavy lifting
- A chronic cough, such as a smoker's cough or chronic bronchitis and asthma
- Being overweight
- Lack of general fitness

Pelvic Floor Exercises

You can improve control of your bladder and bowel by doing exercises to strengthen your pelvic floor muscles.

These exercises may also be useful in conjunction with a bladder training programme aimed at improving bladder control in people who experience the urgent need to pass urine frequently and who may not always 'make it in time'.

How to contract the Pelvic Floor Muscles

The first thing to do is correctly identify the muscles that need to be exercised.

1. Sit comfortably with the muscles of your thighs, buttocks and abdomen relaxed.
2. Tighten the ring of muscle around the back passage as if you are trying to control diarrhoea or wind. You should be able to feel the muscle move. Try not to squeeze your buttocks or tighten your thighs or tummy muscles.
3. Now imagine you are passing urine, trying to stop the flow mid-stream, then restarting it. Do not try to stop the stream when you are actually passing water as this may, if repeated, cause problems with correct emptying. If your technique is correct, each time that you tighten your pelvic floor muscles you may feel a dip at the base of your penis, and your scrotum move up slightly.

If you are unable to feel a definite squeeze and lift action of your pelvic floor muscles, you should seek professional help to get your pelvic floor muscles working correctly – see the final section of this factsheet. Even men with very weak pelvic floor muscles can be taught these exercises by a physiotherapist or continence advisor with expertise in this area.

Doing Pelvic Floor Exercises

Now you can find your pelvic floor muscles, here are the exercises to do:

1. Your pelvic floor muscles need to have stamina. So sit, stand or lie with your knees slightly apart. Slowly tighten and pull up the pelvic floor muscles as hard as you can. Try lifting and squeezing them as long as you can. Rest for 4 seconds and then repeat the contraction. Build up your strength until you can do 10 slow contractions at a time, holding them for 10 seconds each with rests of 4 seconds in between.
2. Your pelvic floor muscles also need to react quickly to sudden stresses from coughing, laughing, or exercise that puts pressure on the bladder. So practise some quick contractions, drawing in the pelvic floor and holding it for just one second before relaxing. Try to achieve a strong muscle tightening with up to ten quick contractions in succession.

Aim to do a set of slow contractions (exercise 1) followed by a set of quick contractions (exercise 2) 3-4 times a day.

It takes time for exercise to make muscles stronger. You are unlikely to notice any improvement for several weeks – so stick at it! You will need to exercise regularly for at least 3 months before the muscles regain their full strength.

Make the exercises a daily routine

Once you have learnt how to do these exercises, they should be done regularly, giving each set your full attention. It might be helpful to have at least five regular times during the day for doing the exercises – for example, after going to the toilet, when having a drink, when lying in bed. You need to tighten your pelvic floor muscles also while you are getting up from a chair, coughing or lifting. Some men find that tightening before they do such things, helps them to regain control.

Good results take time. In order to build up your pelvic floor muscles to their maximum strength you will need to work hard at these exercises. You may not notice an improvement for several weeks and you will not reach your maximum performance for a few months.

When you have recovered control of your bladder or bowel you should continue doing the exercises twice a day for life.

Other tips to help your pelvic floor

- Share the lifting of heavy loads
- Avoid constipation and prevent any straining during a bowel movement
- Seek medical advice for hay fever or asthma and bronchitis to reduce sneezing and coughing
- Keep your weight within the right range for your height and age

Bladder diary

Time	Drinks		Trips to the bathroom	Accidental leaks	Did you feel a strong urge to go?	What were you doing at the time?
	What kind?	How much?				
Sample	Coffee	50mls	150mls	S M L	Yes/Slight/No	Running
6-7 am				S M L	Yes/Slight/No	
7-8 am				S M L	Yes/Slight/No	
8-9 am				S M L	Yes/Slight/No	
9-10 am				S M L	Yes/Slight/No	
10-11am				S M L	Yes/Slight/No	
11-12 pm				S M L	Yes/Slight/No	
12-1 pm				S M L	Yes/Slight/No	
1-2 pm				S M L	Yes/Slight/No	
2-3 pm				S M L	Yes/Slight/No	
3-4 pm				S M L	Yes/Slight/No	
4-5pm				S M L	Yes/Slight/No	
5-6 pm				S M L	Yes/Slight/No	
6-7pm				S M L	Yes/Slight/No	
7-8 pm				S M L	Yes/Slight/No	
8-9 pm				S M L	Yes/Slight/No	
9-10 pm				S M L	Yes/Slight/No	
10-11 pm				S M L	Yes/Slight/No	
11-12 am				S M L	Yes/Slight/No	
12-1 am				S M L	Yes/Slight/No	
1-2 am				S M L	Yes/Slight/No	
2-3 am				S M L	Yes/Slight/No	
3-4 am				S M L	Yes/Slight/No	
4-5 am				S M L	Yes/Slight/No	
5-6 am				S M L	Yes/Slight/No	
No of pads used today: Type:				S = Few drops M= Wet underwear L = Wet outer clothes and runs down legs		



Continence Advisory Service Self Referral

Name: DOB:

Address:
.....

Post Code: Tel No:

GP:

Reason for referral:
.....
.....

Have you seen your GP regarding this problem? Y/N

Are you able to attend a clinic Y/N

Need a Home Visit Y/N

Relevant medication / other treatments.

A more detailed questionnaire may be sent out with your appointment.

Please return this form to:
Continence Advisor, Independent Living Centre,
Westmoreland Road, Douglas IM1 4QA

This document can be provided in large print
or audio tape on request.



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Department of Health and Social Care

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